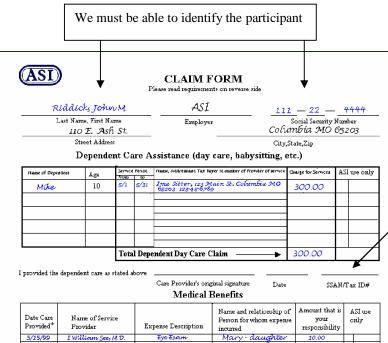
Sample Claim and Provider Documentation

This day care receipt contains the items the Internal Revenue Code requires:

- 1. It is signed by the provider of service "Ima Sitter"
- 2. It contains a description of the services "day care services"
- 3. It explicitly lists "5-1-99 to 5-31-99" as the range of the dates that the day care was provided.
- 4. It includes the amount <u>charged</u> for the day care "\$300.00"; not necessarily the amount paid.
- It identifies the person for whom the day care was provided -"Mike Riddick"

Day care documentation must contain all of these items in order to be processed.



Date Care Provided*	Name of Service Provider	Expense Description	Name and relationship of Person for whom expense incurred	Amount that is your responsibility	ASI use only
5/15/99	I William See, M.D.	EyeExam	Mary - daughter	10.00	
		-			
Total Medical Amount Requested				10.00	_

Please arrange documentation in order listed above

*Claims for future services will not be accepted.

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed by submission of this form were incursed during a period while the undersigned was covered under his her employer's Plexible Spending Plan with respect to such expenses and that the expenses have not been reimbursed and are reimbursed from any other source. Any Dependent Care Assistance expenses claimed here were provided for my dependent under the age of 13 or for a dependent who is incapable of self care. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veractiny of all information relating to this claim which is provided by the dersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state, or local income tax on amounts paid from the Plan which relate to such expense.

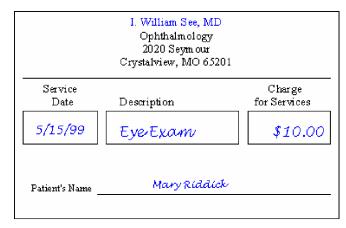


The participant must sign the claim form.

Every request and all documentation <u>must</u> contain all the items shown in <u>blue</u>

I provided day care services for Mike	Riddick
From <u>5~1~99</u> to <u>5~31~99</u>	. The total sum for
services provided was <u>\$300.00</u>	
Signed <u>Jua Steer</u> Ima Sitter 123 Main Street Columbia, MO 65203 SSN 123-45-6789	

Separate dependent care documentation is not required if the provider signs the form <u>after</u> the dependent care section is completed.



This health care service statement contains the items the Internal Revenue Code requires:

- 1. It identifies the provider of service "I. William See MD"
- It contains a description of the services "Eye Exam"
- 3. It <u>explicitly</u> states the date of the eye exam "5/15/99"
- 4. It includes the amount <u>charged</u> for the exam "\$10.00"; not necessarily the amount paid at the time of service.
- 5. It identifies the person receiving the eye exam "Mary Riddick"

Medical documentation must contain all of these items in order to be processed.